

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO.	FILING DATE		
						APPLICANT(S)			
						CLAIMS			
AS FILED	AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	DEP.	*	*	
	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.
1	/	/	/		51				
2	/	/	/		52				
3	2	3	3		53				
4	1	2	2		54				
5	1	2	2		55				
6	1	2	2		56				
7	1	2	2		57				
8	1	2	2		58				
9	1	1	1		59				
10	1	1	1		60				
11	2	2	2		61				
12	1	2	2		62				
13	1	2	2		63				
14	1	2	2		64				
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42					92				
43					93				
44					94				
45					95				
46					96				
47					97				
48					98				
49					99				
50					100				
TOTAL IND.		2			TOTAL IND.				
TOTAL DEP.		22			TOTAL DEP.				
TOTAL CLAIMS		34			TOTAL CLAIMS				